



PLANNING DEPARTMENT

And

Cannabis Division

TRINITY COUNTY

COMMUNITY DEVELOPMENT SERVICES

BUILDING - ENVIRONMENTAL HEALTH - PLANNING

61 AIRPORT ROAD, P.O. BOX 2819, WEAVERVILLE, CALIFORNIA 96093

PHONE (530) 623-1351, FAX (530) 623-1353

REFUND / CANCELLATION REQUEST

REQUEST FOR:

CANCELLATION REFUND – Amount Paid: \$ _____ CA/CK/CC

I, _____ request a refund and/or cancellation for
Print Name

Application# License# / Permit #:

Reason for Request:

Signature of Applicant

Date

The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.

For County Use Only

Payee/Claimant Name: _____

Address: _____

City/Zip _____

Phone: _____

Email: _____

NOTE: Refunds will not be processed unless all information is completed. Only the Payee on the receipt of the permit may receive the amount refunded.

FOR COUNTY USE ONLY

Refund Approved Refund Not Approved: _____ by _____
Date Name and Title

Explanation: _____

Receipt #: _____ Amt. To Be Refunded: _____

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Applied | <input type="checkbox"/> Withdrawn / Appeal | <input type="checkbox"/> P.C. / Director Denied |
| <input type="checkbox"/> Inspections | <input type="checkbox"/> Change of License Type | <input type="checkbox"/> Incorrect Payment Received |
| <input type="checkbox"/> Issued | <input type="checkbox"/> Overpayment / Duplicate Payment | <input type="checkbox"/> Other |